

Mailing Address:

Information Technology Services Department
 c/o GIS Sales and Service Center
 2 Woodward Avenue, Room 1212
 Detroit, Michigan 48226

**Office Location:**

Coleman A. Young Municipal Center
 8th Floor Room 810A
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 E-Mail: GIS_Sales_Center@detroitmi.gov

Customer Request Form

REQUESTOR NAME	CITY AGENCY OR ORGANIZATION	DATE
<input type="checkbox"/> STUDENT <input type="checkbox"/> LETTER OF APPROVAL FROM STUDENT'S INSTRUCTOR <input type="checkbox"/> CITY GOVERNMENT EMPLOYEE	PHONE	FAX
E-MAIL ADDRESS		

Description of Request

☐ To be completed by GIS Technician

<input type="checkbox"/>	Parcel Boundary / Specialty Maps (e.g., zoning, wards, clusters, street map, subdivisions)		Copies	Map Size	Cost
DESCRIPTION/MAP BOUNDARIES					
<input type="checkbox"/>	Thematic Map (e.g., city-owned, state tax liens, vacant properties)		Copies	Map Size	Cost
DESCRIPTION/MAP BOUNDARIES					
<input type="checkbox"/>	Electronic Files (maps / data records) (access, excel, .dwg, .dxf)	Format	DESCRIPTION		Cost
<input type="checkbox"/>	Technical Support & System Integration (hardware/ software / programming)		DESCRIPTION		Cost
<input type="checkbox"/>	Consulting Services (e.g. RFP development)		DESCRIPTION		Cost
<input type="checkbox"/>	Other: (customization / compact disc fee / postage / money order)				Cost
					Total Cost
Purpose of Requested Item(s):					Deposit
					Balance Due
REQUESTED COMPLETION DATE		CITY AGENCY COST CENTER		REQUESTOR SIGNATURE	
ESTIMATED COMPLETION DATE		GIS REFERENCE NUMBER		GIS TECHNICIAN SIGNATURE	